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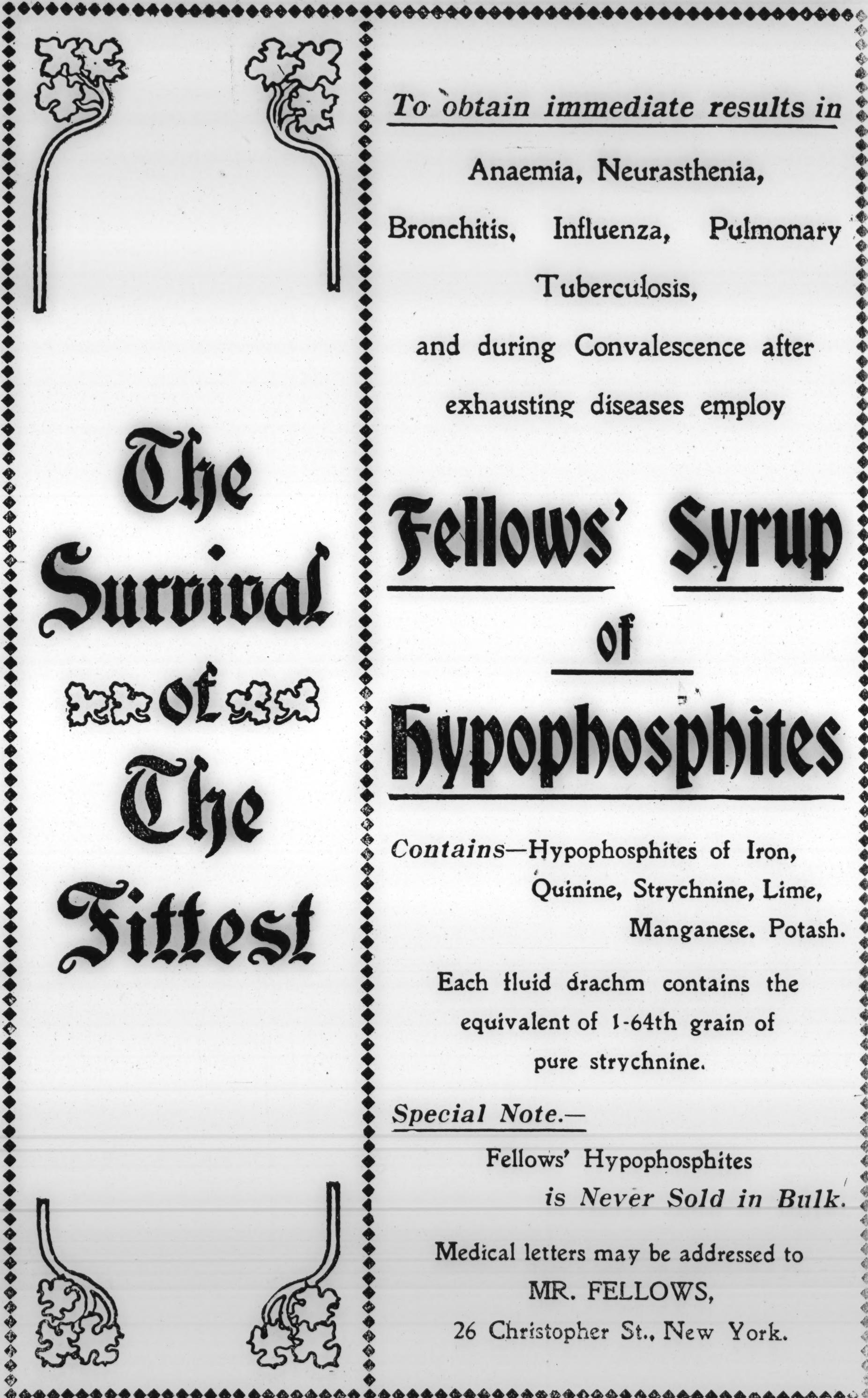
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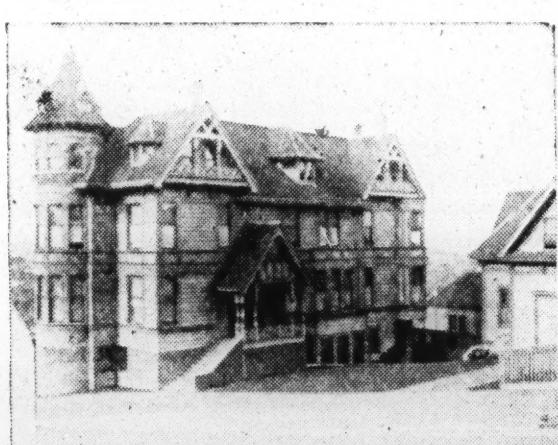
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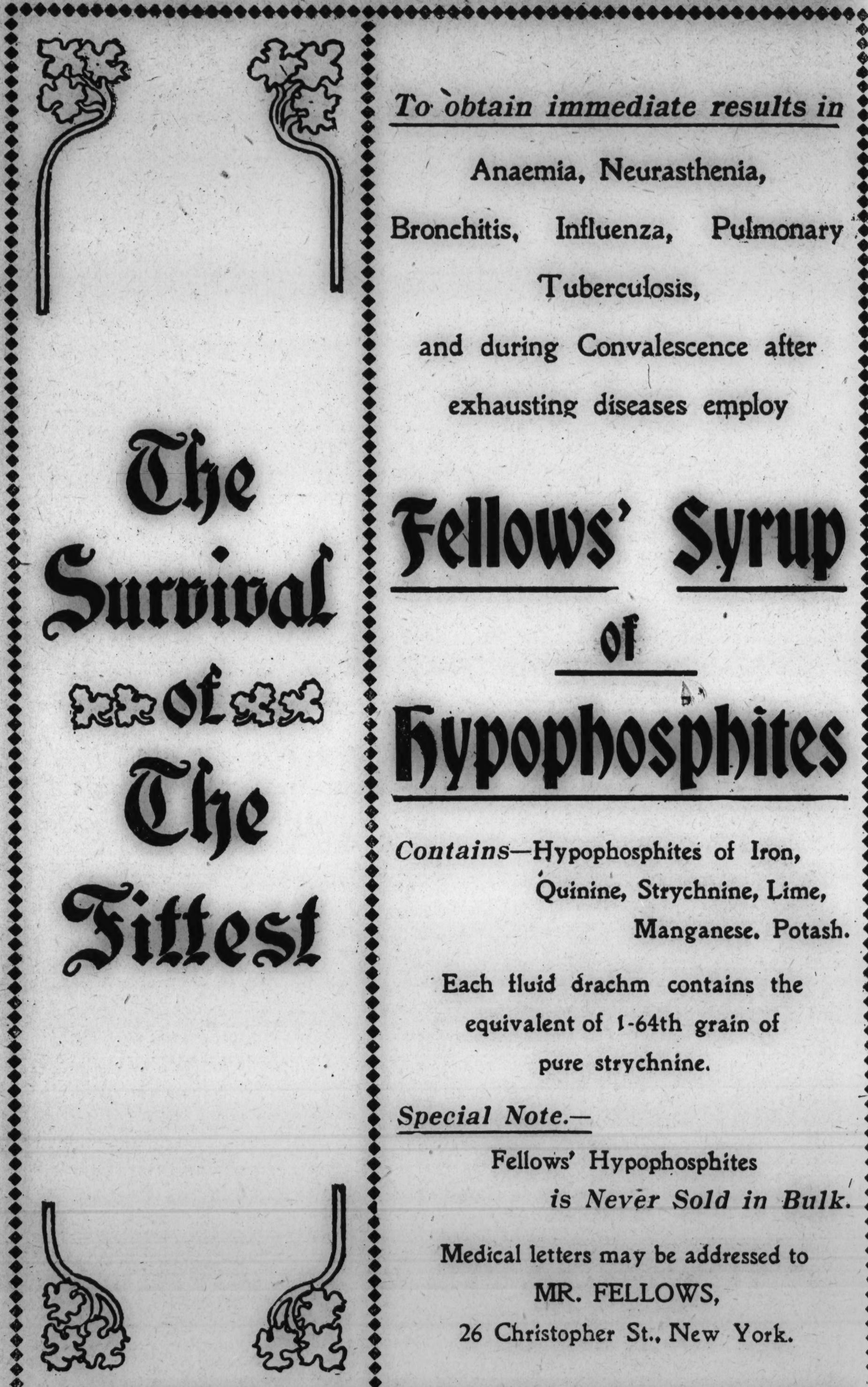
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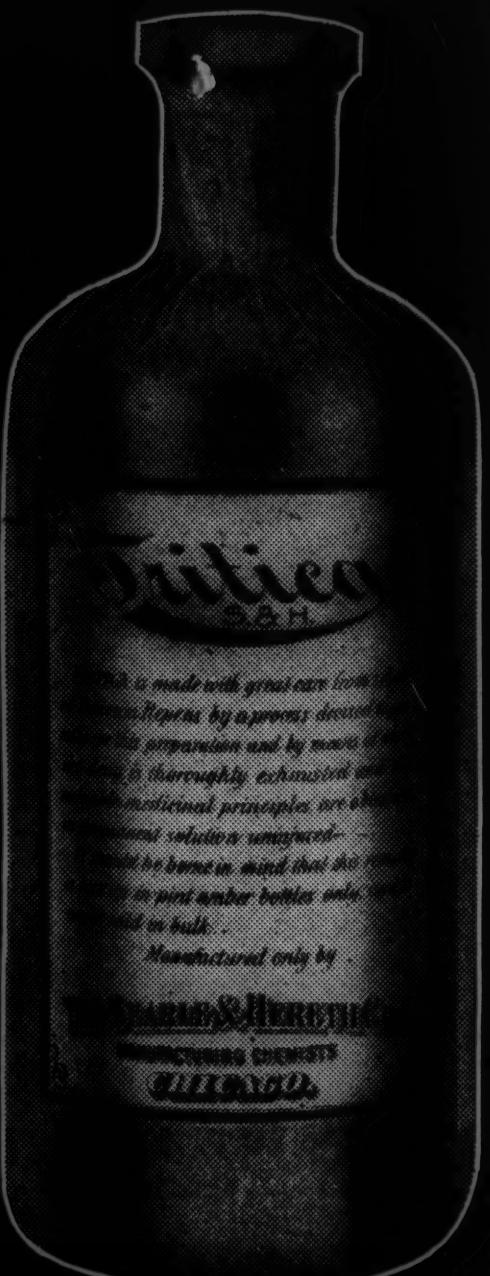
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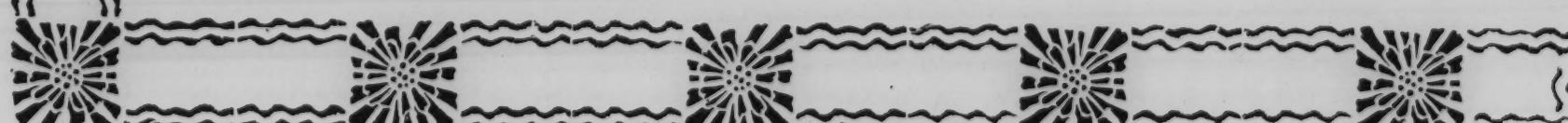
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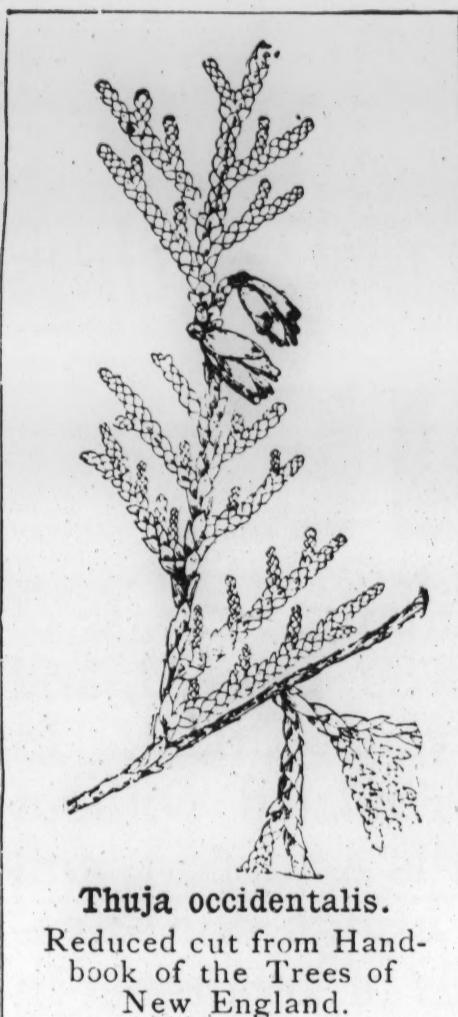
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A coniferous tree, known also as Yellow Cedar and Tree of Life. The parts used in medicine are the twigs and small leaflets.

HISTORY.—Thuja has a European reputation. Boerhaave employed distilled water of Thuja; Hahnemann introduced Thuja into the Homeopathic school; Schoepf, in 1785, commended it in scurvy; Peter Kalm reports that the bark and leaves were used locally in Canada, and other early authorities testified to its value. It was introduced into Eclecticism by Dr. Dickey, in 1862, through an editorial by Dr. Scudder, and then lay dormant until Prof. Howe, in 1880, began his study of the drug, which attained its popularity through his enthusiastic commendation of it.

SPECIFIC THUJA.

The preparation made by us for Dr. Howe was an alcoholic liquid, purified of inert extractive matters, he desiring to inject it in hydrocele, and otherwise use it in surgery where extractives were not admissible. To this he applied the name Lloyd's Thuja. When the preparation came into established use it was given a place in the Specific Medicine list, thus making Lloyd's Thuja and Specific Thuja identical.

SPECIFIC USE.—Internally as a stimulating remedy in tenesmus and dribbling of urine in the aged, and in nocturnal incontinence.

R Thuja, 2ss to 3ij.

Water, 2iv.

MISCE.—Teaspoonful every one to three hours.

Locally, the undiluted Specific Medicine to chronic skin affections, warts, and obstinate condylomata, and to cancerous, syphilitic, and scrofulous growths. As an injection in Hydrocele, after withdrawing the serum, use equal parts of Thuja and warm water, kneading the scrotum well that the mixture comes in contact with all parts.

LONG'S THUJA.

Owing to the irritating action of alcohol in the eye and in broken surfaces where the stimulating action of Thuja is desired, we prepared for D. Thomas Long, Topeka, Kansas, a preparation in unctuous condition, free from alcohol, and known as Long's Thuja, to be used where alcohol would be objectionable and oleaginous agents not ad-

missible. When non-alcoholic Thuja is ordered, we give this preparation.

USES.—For trachomic lids, apply locally to the affected part, the smarting sensation will soon subside. Repeat as necessary. It will readily mix with vaseline, and can be diluted in that way.

AQUEOUS THUJA.

In some instances where alcohol is not admissible and a fatty substance not desirable, an aqueous solution of Thuja is employed under the name Felter's Thuja, Professor Felter having first used it. This preparation is an aqueous solution of the soluble principles of Thuja, destitute of the resin and fixed oils of Thuja, and can be used with an atomizer in spraying the throat, and otherwise where such a preparation is desirable.

USES.—Apply locally or by atomizer in the throat.

OIL OF THUJA.

By distillation of Thuja in water, a colorless volatile oil of camphoraceous odor is obtained. It is destitute of astringency, and resembles the oil of Cedar and Tansy.

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USES.—Mix with ten to sixteen times its bulk of vaseline and use as directed for Long's Thuja.

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which is never supplied in any form of package other than our
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you will readily surmise the intent of these imitation preparations which are wholly unknown to the Medical Profession, and agree with us in the importance of the above request.

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CALIFORNIA MEDICAL JOURNAL.

VOL. XXIV.

MAY, 1903.

No. 5.

The Tonsil and Some of Its Pathological Conditions.

DR. H. W. HUNSAKER.

EVERY man woman and child in this vicinity knows where the tonsils are, so that I will not mention their location more than to say that they are situated between the anterior and posterior pillars of the fauces. In its normal condition, the tonsil assists the upper respiratory tract in fulfilling its function.

We know that the function of the nasal cavity is to furnish heat and moisture to the inhaled air; and in Dorland's dictionary the tonsil is described as follows: "A small almond-shaped mass between the pillars of the fauces on either side. The tonsils are composed mainly of lymphoid tissue, are covered with mucous membrane, and contain various crypts and many lymph follicles. The tonsils are supposed to act as a source for the supply of phagocytes to the mouth and pharynx, which destroy bacteria entering the mouth."

There is a great deal of literature on the subject, and many opinions are ad-

vanced about the function of the tonsils; but taking the above for an example I wish to ask Dr. W. A. Newman Dorland or any one else why we should suppose that the tonsils supply phagocytes which are capable of destroying bacteria, when we know that the larger the tonsil of a child the less the resistance to disease. And after removal of hypertrophied tonsils, he apparently takes a new lease of life and develops rapidly. Such children grow into full sized men and women, whereas before they had seemed destined to be dwarfs.

I have not time to consider many of the diseases to which the tonsil is subject, but wish to speak of some conditions that are benefited by surgery. In the first place any child whose lymphatic system is sluggish, and who has had a few attacks of tonsilitis, will have enlarged tonsils; and if they remain so for several months, the best treatment is the knife or tonsilotome.

In the majority of cases the removal

portion of the gland will cause the remaining portion to atrophy from pressure of the cicatricial tissue. Occasionally, however, a case will be met with that does not come under this general rule. For example, there may be cases of enlarged tonsils where the glands are entirely covered by the faucial pillars and cannot be removed by a tonsilotome without doing more harm than good. The difficulty may be overcome by making an incision through the muscle in the direction of its fibers, then grasping the gland with

a pair of saw-toothed forceps and excising it with blunt-pointed scissors.

In cases of tuberculosis of the tonsils it is often necessary to dissect the entire gland from the muscular bed; and in cases of carcinoma of the tonsils, larynx and pharynx remove everything that feels indurated with forceps and scissors and cauterize all nodules that appear thereafter.

Tonsils should never be removed during an acute attack, as there are six arteries that supply blood to this little gland.

A Few Notes on Histology.

DR. JOHN DOUGALL.

PROBABLY the earliest history of any note concerning this branch of study was recorded about the middle and latter part of the seventeenth century. At that time Malpighi, Grew and others were using their best endeavors to fathom the intricacies of the minute structure of animal and vegetable life; but not until the early part of the eighteenth century were their observations very far advanced. They labored under disadvantages almost too numerous to mention. Their microscopes were crude. They did not know that certain histological elements possessed affinities for certain stains. They were at first unable to determine whether the small compartments seen with their imperfect microscopes were filled with air or fluid.

About the year 1834, Brown and

Valentin discovered not only the nucleus or controlling centre of the cell, but also the nucleolus or controlling centre of the nucleus. It was first supposed that the cell was filled with fluid, but since the year 1846, it has been recognized as a semi-fluid granular substance. The definition of a cell—"A nucleated mass of protoplasm endowed with the attributes of life"—holds good whether that cell is found as a unity, as the Protozoa, or as part of the greatest of all creations—the human body. Even in the development of the wonderful structure of the human body, it commences as a single cell, the female ovum or fertilized egg; by division it forms the tissues, the tissues form organs, and the combinations of organ one grand organism.

Various methods are used to demon-

strate the structures, from the simplest requiring no preliminary preparation, as, for instance, the examination of the blood, epithelia, spermatazoa, etc., to those requiring weeks to prepare.

Muscles, nerves, tendons may be studied by teasing in an indifferent fluid, such as normal saline solution. A number of tissues may be very nicely examined in the fresh condition of freezing and sectioning.

The examination of fresh specimens, especially of organs, is not nearly so satisfactory as when the tissues have been prepared in some fixing agent known to preserve the form and structure of the tissue. Of these alcohol is the commonest, but fast being supplanted by formalin. Osmic acid, 1% aqueous sol. is used to demonstrate fatty tissues. Fleming's and Fol's solutions are modifications of osmic acid. Muller's formula, of which potassium bichromate is the body is used to some extent, but formalin in the strength of 4% is becoming very popular as a fixing agent; cubes of tissue 0.5 cm. to 2 cm. are hardened in any of the above fluids and are then ready for embedding.

Paraffin up to the present time has given the best satisfaction as an embedding medium and is used of a density or melting point to correspond with the tissues to be embedded. Celloidin or Photoxylin has some advantages but

requires much more skill and care and is not nearly so suitable for laboratory methods.

The delicate technique of Histology is, however, in the staining. The time for staining has a wide range; some tissues are stained during life, others during the hardening process, and a great many not until they have been sectioned and affixed to the slide. The choice of stains presents a complex question. They are very numerous, and the knowledge of their affinities enables the examiner to differentiate the classes and parts of tissue. Some very beautiful specimens are obtained by injecting the circulation, "in situ," the tissues being subsequently subjected to the usual staining process. Mesentery and nervous tissues are stained in a 1% sol silver nitrate, bringing out the intercellular substance in the former, and the crosses of Ranvier in the latter. Most of the soft tissues stain well with eosin as a protoplasmic stain, and hematoxylin to stain the nuclei.

For the proper hardening, staining and examining, at least one week ought to be allowed.

It must appear that a subject of such proportions as Histology can no more than be touched on in a short article such as this. The writer has, however, tried to speak only of the essential points which may be of interest.

The Whitehead Operation.

DR. D. MACLEAN.

Whitehead's operation for internal hemorrhoids, or the circular excision of the mucous membrane of the lower segment of the rectum, extending from the integument to above the internal sphincter, is founded on wrong premises. Whitehead did not regard hemorrhoids as individual tumors, but that wherever a vein was tumified, it involved the whole of the hemorrhoidal area, and should all be excized.

The circulation of the rectum arises from three independent sources, the mesenteric, illiac and pudic arteries. The blood is returned by two independent sources. The middle and inferior hemorrhoidal veins convey the blood to internal illiac, and the superior hemorrhoidal to the portal. There is not a general anastomosis between the branches of the three hemorrhoidal veins, so that the obstruction of one vein does not involve all the others,

and consequently does not necessitate the removal of the entire area to cure individual tumors or piles.

The operation, however, has a place in surgery. When the lower two inches of the rectum is varicosed, spongy and ulcerated, sometimes protruding and bleeding, the Whitehead operation is not only justifiable, but the only one to be performed with hope of permanent success.

The great objection to the Whitehead operation is the danger of incontinence and stricture. The bowels will frequently move without ringing the bell to give the alarm, or the patient must act on short notice, not being able to control the movement. If the sutures give way the wound has to heal by granulations, which is frequently tedious and almost invariably results in a stricture.

Fluid Medicines.

DR. GEO. G. GERE, SAN FRANCISCO.

THE Physician and the Pharmacist are twin brothers in the Medical profession. The former selects and applies the remedy and the latter furnishes a reliable preparation of it.

The pharmacist can not supply specifics, either for the disease or its indications, he can only after pains-

taking investigation produce the best possible preparation of the drug, which will positively represent its specific action.

In the evolution of liquid medicines from the crude decoction and infusion to the definite strength Tincture and Fluid Extract of the present day, the

labor bestowed represents many years of patient, thorough and conscientious study of the part of numerous pharmacists, each contributing to the volume of information valuable suggestions and practical knowledge, until we have presented to us a line of fluid medicines in which every physician can place implicit confidence. The pharmacist can be of great assistance to the physician in his knowledge of each individual drug, the different varieties, the proper time of gathering, the condition in which it should be manipulated, its constituents, the principles on which its medicinal action depends, and the best method of preparing it.

As a rule, fluid medicines furnish the best form for administration, as they are more easily assimilated and the medicinal portions of the drug are better preserved, so I shall confine my article to the consideration of the highest class of fluid preparations.

There are three things to be considered in preparing them.

The condition of the crude material, ascertaining by experiments whether the volatile principles which the heat in drying destroys are of any medicinal value, the menstrum that will extract medicinal properties, and the proper method of manipulation.

The late Dr. Wm. S. Merrell laid down as a law, as far back as 1850, that alcohol was the universal solvent for the medicinal virtues of drugs. With the few exceptions where water best extracts the principles required, this law applies to day as well as it did in that early time. Exceptions prove the rule.

"Drugs contain two leading constit-

uents or principles—the poisonous or medicinal, and the nutritious or non-medicinal.

"Under the first head are alkaloids, resinoids, resins, glucocides, etc.

Under the latter are included gum, starches, vegetable albumin, pectin, etc.

"Alcohol, the universal solvent, extracts the medicinal or poisonous principles of a drug and rejects the nutritious or non-medicinal principles of a drug. The former is what is wanted in nine cases out of ten, hence a fluid extract or nornal tincture prepared with alcohol as a menstruum gives to the physician the medicinal properties of a drug in exact proportion as they exist in the crude material, and bear a positive relation to the drug itself.

"In the recognition of the fact that certain drugs containing volatile constituents upon which their therapeutic value depends lose their medicinal properties in the process of drying or through long or imperfect storage, the green or fresh root, bark or plant gathered when in their prime should be used. But in all such cases the weight should be based on the weight of the dry drug; or in other words, the weight of the drug had it been dried, in order to obtain definite strength of the therapeutic principle.

"In the case of digitalis the uniform strength is determined by tests upon the cardiac muscles of mammalia; a preparation that has never failed the practitioner who has used it, is the 'German tincture,' made in Germany from the green leaves. The dose is from two to five drops."

A very important feature in the man-

ufacture of fluid medicine is to determine the chemical quality of the drug, upon which its therapeutic action depends. This can only be accomplished by thorough investigation and clinical experiments. There are certain drugs of which the alkaloids have been proven to represent the therapeutic principle. The problem of perfecting a process that would accurately determine the percentage of alkaloid by quantitative assay, has attracted the attention of many pharmacists. Many failures were the result. The numerous obstacles were at length overcome, and a process, known as Gordin's Method, for the exact standardization of drugs and preparations containing alkaloids, was discovered.

"The best and simplest method of estimating alkaloids consists in determining the amount of standard acid required for their neutralization as

bases. The only obstacle to the practical application of this principle has been the fact that owing to weak basicity of the alkaloids, no indicator shows the point of neutrality, i. e., the end reaction, with the definite sharpness required in a quantitative method. Gordin's method removes this difficulty by precipitating the alkaloid after it has been taken up with an excess of standard acid. After removing the precipitate by filtration, the excess of acid in the filtrate, which is now free from alkaloid, can be determined by means of standard alkali, using phenolphthalein, litmus or other suitable indicator. There being no alkaloid in the filtrate the end reaction is sharp and definite."

If the above principles are carried out in the manufacture of fluid medicines, it matters little what they are called—whether fluid extracts, specific medicines or normal tinctures.

Human Anatomy Viewed From a Medical Student's Standpoint.

ARTHUR BARRIS NELSON, M. D., SAN FRANCISCO.

Demonstrator of Anatomy, California Medical College.

PERHAPS every medical student on entering college for the first time feels the "globus hystericus" which is as large as the remaining part of anatomy which he does not know; usually this is just about the size of a modern edition of Gray or Morris.

After he has become acquainted with the method of instruction of the particular institution in which he has ma-

triculated, he gradually passes again into a normal state; a condition now exists where he is able to absorb some of the remaining part. The method of instruction varies more or less with the style of each instructor; and it is said each professor has a style which is peculiar to himself, as each individual has a different shaped nose, in the center of his face, and it is neither

gentlemanly nor Christian-like to criticise a man's nose, nor is it to criticise a man's style.

The office of the teacher is to impress the points which are essential upon the student, also to separate from the great mass of literature those essential points which are of practical benefit to the student, and by practical benefit we mean the knowledge which must be attained in school in order to pass his examinations, and that knowledge which he will use in after life when he is practicing the healing art. Many parts of anatomy we learn to forget; some of these may be said to be of temporary benefit only, but these parts are as essential as the scaffold around a new building, after the building has advanced to a certain stage of perfection the scaffold is of no further use, and is torn down; so it is true with the busy practitioner, also with the surgeon. Many little points of anatomy he forgets; in fact he does not always wish to remember them; but this is the old practitioner and he can afford to forget, because he knows other things—the real practical anatomy (that comes only by experience), but the medical student must learn the fundamental principles first before he can acquire this advanced knowledge; hence there is no excuse for him if he does not know where the Sartoris arises—while there *may be* for the advanced physician.

One of the secrets of acquiring a knowledge of anatomy lies in knowing how to study—this comes by training only.

Anatomy is no more difficult than any other study, but many students

differ with me. Taking the subject as a whole, looking at the whole volume from a distance, as it were, it seems indeed a difficult task, but one part is no more difficult than another. If a student can learn the origin and insertion of one muscle he can learn twenty-five. It is only a question, then, of how much he can retain. This is true with the various departments of anatomy. It has been said that anatomy is largely a question of memory; well, what subject is not? One must have a picture of the parts in his mind; if he has this picture he can describe it. Perhaps a good way to study is to read your subject over and try to draw from memory what you have read. Then comparing it with your text, making all necessary corrections. During this procedure picture is impressed in your mental horizon. This all again is made fresh by frequent quizzing. We learn by mistakes; after the subject has been thoroughly gone over, the student then takes up the matter on the cadaver, and simply looks for what he has already studied; when he finds what he is looking for, the matter is clear to him.

Any student with ordinary intelligence may become a fair anatomist if he follows this method. Under the present system of preserving the cadaver the horrors of the dissecting room are almost precluded; the odor amounts to little or nothing, while the danger of infection and consequent blood poisoning is reduced to almost an impossibility. At the same time the tissues are in such a state of preservation—so hardened—that the subject is much easier “worked up” than in for-

mer years when decomposition was common and the student was left to grope around in a mass of decayed flesh. It has been said that if a man would memorize *all* of anatomy it in time would drive him crazy. In my opinion any man who has such ideas in his head is crazy to start with, and before he got half through with his work would find he "was getting Gray."

Bad Subjects for Anesthesia.

Dr. Frederick W. Hewitt, of London, recently delivered two lectures which appeared in the *Lancet*. They constitute a fine study of a most important subject, and we regret that we can here allude only to a few of the most interesting points he elicits.

The author states that through care and experience the mortality from anesthetics can be reduced to almost infinitesimal proportions. It is an error to consider the strong and perfectly healthy man as the best subject for anesthesia, for the resistance and muscular efforts of the strong are more apt to cause rigidity and spasm, which may affect the heart muscle. Other things being equal, the comparatively feeble patient takes his anesthetic better than the athlete. Young women are more likely to display muscular rigidity, and to secrete mucus and saliva, than middle aged ones; the robust ones give more trouble than those who have suffered from a moderate degree of impairment of the general health. Children, and especially infants, are not ideal subjects, for while it is true that they cause little disturbance from muscular

rigidity, and that in case of suspended respiration they may be more easily dealt with than adults, they are liable to an excessive secretion of mucus and saliva, they often have large tonsils or adenoids, and they vomit very readily. Vigorous and healthy men require ether rather than chloroform, because they need large doses to put them under the effect, and because if muscular spasm should cause interruption of respiration, the chloroform vapor imprisoned in the lungs is absorbed in dangerous quantities. Any disturbance with the proper function of the air passages may prove troublesome. Good teeth, powerful jaws, and a tongue pressing strongly upon them may interfere a good deal with breathing, and in those cases it is often advisable to employ a mouth-gag. In cases in which the respiration is interfered with by large tonsils or adenoids, or by the disease for which the operation is being done, it is of advantage to combine the use of oxygen with the anesthetic. If the patient's position is to be changed during anesthesia it should never be done during a period of struggling or excitement. People in a nearly moribund condition due to a chronic malady are more easy to anesthetize than those who are collapsed by the effects of some rapidly occurring trouble, such as trauma, or rapidly developing abdominal disease. Nervousness does not usually cause much trouble, but alcoholic, tobacco and other drug habits greatly increase the difficulties of anesthesia. There are still a few cases in which a peculiar idiosyncrasy seems to be the sole cause of unsatisfactory ether and chloroform narcosis.—*International Jour. of Surgery.*

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*Editorial.***Drug Inspection.**

There are many honest pharmaceutical chemists, and manufacturing druggists, but there are others, whose consciences are extremely elastic and accommodating, if only the nimble six-pence can be grasped without detection of fraud. There are also retail druggists who are not like Caesar's wife above suspicion. In nearly all cases where there is a genuine article on the market there is an imitation. It is from these fraudulent imitations that the people suffer. It is not only commercial thievery, but it is jeopardizing the lives of innocent and confiding people who rely on the honesty and integrity of the compounding druggist.

Drugs should be standardized to a uniform strength, and inspected by government officials. The physician in prescribing expects definite results, and if the drug is below the standard he is disappointed in its action and may even be the cause of the death of the patient.

Besides adulteration there is another important practice that is far too prevalent among retail druggists—the practice of substitution, the supplying of something just as good. No penalty should be too severe for this. It is toying with human life. It is violating the most sacred trust assumed by a most responsible individual. It is holding human life cheaper than dollars and cents. Any one detected should be driven from such an honorable business as druggist or pharmacist.

Pure Olive Oil.

Pure olive oil outside of California is an unreliable quantity. The imported article is mainly a fraud, being adulterated with other and cheaper oils. In December last this country shipped to Marseilles, France, 2,909 tons, over 700,000 gallons of cotton seed oil. It is being now returned under a fancy label as the only genuine article.

Typhoid Epidemic.

The University Town of Palo Alto is passing through a severe epidemic of typhoid fever, which is ascribed to impure milk distributed from several dairies in the vicinity. One dairyman is accused of having his hogs washed in the same stream with the milk cans. There is one peculiarity about the matter that has not been satisfactorily explained. In all these dairies numerous people are employed, yet there has not been a single case of fever reported from the suspected farms. It is presumed that they drank both water and milk, yet thrived on the diet. May there not be some other cause. May there not be some trouble with the water supply and sewerage? It is claimed that those matters have been remedied. A few years ago the water supply was not better than it should be; vaults and wells were the rule.

Milk is considered a good culture medium for the typhoid bacillus in a warm temperature, but if it is kept at a temperature lower than 40° F. the number will decrease. Care must be exercised in the milking process, the

care of utensils, and the keeping of the milk. Under ordinary conditions only a few pathogenic germs are found in milk, and it is questionable what relation they bear to disease. There is no sample of milk but contains streptococci yet all who drink milk are not affected by blood poisoning or erysipelas. The principal bacterium of milk is that which produces lactic acid fermentation which checks the development of other varieties. Palo Alto should examine other sources of contamination.

State Society.

On another page you will find the program of the thirtieth annual meeting of the State Society. Your attendance is expected. Every man should announce himself. A man who stands on the center of the tilting board has neither weight nor influence in the affairs of life. Announce where you belong and fill your part. There is room for all opinions until truth is ascertained. I do not expect you to believe all I do, nor must you expect me to believe all you do. Let us be charitable in our opinions and strive to arrive at truth. There should be no feeling among physicians—jealousy and envy are evidences of small undeveloped minds. That we are the people and wisdom will die with us is an idea that can only be entertained by the ignorant and bigot.

The State Society should be supported, or it should not—it has claims on you, or it has not. You owe allegiance to some State society. If you do not belong to the eclectic you should

belong to the homeopathic or allopathic. By virtue of the existence of these societies you are enabled to pursue your profession; you are ungrateful and unworthy if you do not support one or the other.

The Eclectic Medical Society of the State of California welcomes all reputable men to the annual meeting held at the California Medical College Building, May 26th, 27th and 28th.

You are welcome—come prepared to say something of general interest, in this way the programme can be made valuable and much benefit be derived therefrom.

Dentistry a Branch of Medicine.

Our education is running in extreme grooves—it is not on practical lines; it takes too long for the American boy or young man to prepare for a career. If he prepares for a professional life, it takes more than the average expectancy before he can enter on the active duties of his vocation. Education should be so timed that the young man on passing his majority should be ready to engage in the active business of life. Under prevailing conditions education is spread over such a variety of subjects which are of no practical value in the business affairs of life that the young man wastes his best years in conforming to a useless educational course, adopted by unpractical educators. The young man of today who has not laid a foundation of success at thirty is a failure. These strenuous times men reach their acme at forty—then decadence.

We have often thought what a waste

of time the young man sacrificed in studying dentistry. He must spend four years, the best of his life, in learning how to extract, treat and fill a tooth. Should it take four years? As a specialty, no—as a branch of medicine, yes.

Dentistry as a distinct profession has no excuse for existence. It should be taught as a branch of medicine and surgery. The curriculum of all medical colleges should embrace dentistry as they do eye, ear, nose and throat, or any other specialty a man wants to follow. Graduates after being licensed should follow whichever specialty they desire. They should have the same privilege to engage in the medical and surgical treatment of the teeth as in the eye, ear, nose and throat. Dentistry is principally surgery. It is as much surgery to fill a cavity in a tooth as to apply splints and bandages to a fractured arm.

Under the present dental law the dental student must attend lectures four years. The greater part of his studies are supposed to be the same as the medical student. He must study anatomy, physiology, histology, pathology, microscopy, bacteriology, chemistry, *materia medica* and a certain amount of practice and surgery, side by side the medical student. The only important studies entirely excluded are obstetrics and gynecology.

The time is ripe for a change. Medical colleges must teach dentistry as a branch of medical science. The degree of Doctor of Medicine and Master of Surgery should embrace pharmacy, medicine, surgery and dentistry.

Editorial Notes.

President Roosevelt denounces single blessedness and childless marriages as "race suicide." Bachelors take warning, and do something for your country to promote its future welfare.

Warren T. Clark, a student of Berkeley, has made a discovery in reference to the rose bug, on which he has been enabled to produce wings at will by chemical excitation. Wonder if the salts of magnesium would make tardy subscribers to the Journal develop into angels and remit us their yearly subscription. We will consult Mr. Clark in the matter.

Dr. Mathew Gardner who had been Chief Surgeon for the Southern Pacific Railroad since 1894, died at the Southern Pacific Hospital on the 19th ult. from the result of an operation for appendicitis. He was a man of more than ordinary ability and had the confidence of all schools of medicine. He leaves a vacancy not easily filled.

Dr. R. J. Schmiedel has removed to 2137 Howard Street.

Dr. Chas. Clark and Miss Louise Power were married in this city April 27th.

Dr. Clark and Dr. Harvey have moved their offices to the Starr King Building.

The American Urological Association meets at New Orleans, May 8 and 9.

The six-weeks' Summer Session of the University of California, for this year from June 25th to August 5th, has come to take on a national scope

in teaching force and in student body. Last summer 830 students were enrolled, or more than in the summer session of any other American university.

From all the chief American universities scholars recognized as leaders in their specialties will come to California for the next Summer Session. Instruction will be offered in philosophy, education, history, political economy, Greek, Latin, English, German, French, Spanish, Italian, mathematics, physics, chemistry, botany, physiology, zoology, mineralogy, civil engineering, drawing, entomology, forestry, agriculture, and physical culture.

The Fifty-Seventh Congress in its last session provided for an increase of 150 numbers in the Medical Corps of the Navy, 25 of which are to be appointed each calendar year for six years. By the enactment of this law there is afforded to the young physicians of the country an opportunity to take service in the Navy of the United States and an assurance of the continuance of this opportunity for the next six years. The number of vacancies in this Corps occurring from retirements, resignations, and casualties average about ten a year, which, added to the 25 created by new legislation, makes 35 appointments open to ambitious young medical men yearly.

These appointments are to be made in the grade of the assistant surgeon and are within the reach of any well-qualified physician between the ages of 21 and 30 who is a citizen of the United States. Examinations to determine the

fitness of candidates for appointment are held in Washington, D. C., and at Mare Island, Cal., and the boards of examiners are in continuous session throughout the year. It is only necessary for any physician of the required age and citizenship desiring to enter the Medical Corps of the Navy to apply to the Secretary of the Navy for permission to be examined to insure being given an opportunity. No political or other influence is required, and the only testimonials needed are those bearing on moral standing and citizenship.

The examinations to determine the fitness of the candidates for these appointments are conducted in the following order: 1, physical; 2, professional; 3, collateral.

San Francisco, Cal., April 10th, 1903.
To the CAL. MEDICAL JOURNAL:

At a meeting of the students of the California Medical College, held in the Main Lecture Hall on Friday, April 10th, at 9 o'clock a. m., it was unanimously agreed that the kindness of Professor Albert J. Atkins in presenting a beautiful instrument case to the clinical department of the College is significant of his deep interest in the school and students and also characteristic of the donor. Therefore, be it

Resolved, that we, the students of the California Medical College hereby express to Professor Atkins our deep appreciation of his kindness and interest exhibited, not only in the College, but his personal interest in each student.

President of Student Body,
B. F. RICHARDS.

Secretary, E. A. SHORT.

COMMITTEE.

Will C. Bailey, Ph. G., Ph. D., Senior;
John Dougall, Junior; G. Greenwell,
Sophomore; Jay S. Meharry, Freshman.

California State Board of Medical Examiners.

Examination at San Francisco, December 2, 1902.

MATERIA MEDICA AND THERAPEUTICS, L. A. Perce, M. D.

1. Give indications for alkalies-acids, name several of most prominent of each.
2. In what condition would you prescribe Nitro-Glycerine, and what dosage?
3. Name three arterial sedatives, with indications for each.
4. Give specific indications for dioscorea—drosera.
5. What effect has digitalis upon the heart?
6. What preparation of ergot do you prefer, and in what conditions would you prescribe it?
7. Name the most important symptoms for bryonia.
8. What is the primary and secondary action of an opiate?
9. Discuss Materia Medica—Therapeutics, of what do they treat?

THEORY AND PRACTICE.

Examination at San Francisco, Dec. 2, 1902.

L. A. Perce, M. D.

1. Give drug treatment of a typical case of typhoid fever, with specific indications for each remedy.
2. Differentiate between follicular tonsillitis and diphtheria.
3. Give diagnostic features, and medical treatment of appendicitis.

4. What do you understand by the term, "diaphoresis," and when you employ drugs for such an effect?
5. Describe the eruption of (a) scarlet fever, (b) measles, (c) small-pox.
6. What are the early diagnostic symptoms of pulmonary tuberculosis?
7. Mention the most common sequela of scarlet fever, with treatment of same.
8. Give the prominent symptoms of gall stone, with treatment for same.
9. Mention a few common causes of convulsions in children, giving your treatment for each.
10. Give the chief diagnostic symptoms of inflammatory rheumatism, and suggest a line of treatment for same.

BACTERIOLOGY.

Examination at San Francisco, April 7, 1903.

L. A. Perce, M. D.

1. What is the most common mode of reproduction of bacterial growth?
2. How would you prepare cover glass specimens of sputum?
3. In what condition of disease may the *Staphylococcus Pyogenus Aureus* usually be found?
4. What are the three poisonous soluble products of bacterial growth?
5. Describe the method and value of the Widal reaction in Typhoid Fever.
6. What is the chief characteristic of the gonococcus as to cultural media?
7. What do you understand by bacterial infection?
8. What do you understand by the term "immunity" as applied to infectious conditions?
9. Discuss the term "antitoxine," giving two examples.
10. Describe a good working micro-

scope, with method of using for stained and unstained specimens.

ANATOMY EXAMINATION.

San Francisco, Cal., April 7, 1903, by E. C. Buell,
M. D., Los Angeles, Cal.

1. Describe the humerus.
2. describe the hip joint.
3. Describe the shoulder joint.
4. Name the muscles attached to the external condyle of the humerus, their action and enervation.
5. Name in order, from without inward, the parts that make up the female pelvic floor.
6. Describe the brachial plexus.
7. Name the branches of the fifth cranial nerve, and give their function and parts supplied.
8. Give gross anatomy of kidneys and ureters with their relations.
9. Describe the normal position and relations of the heart.
10. Describe the portal circulation.

THEORY AND PRACTICE EXAMINATION.

(Homeopathic)
San Francisco, April 7, 1903, by E. C. Buell, M. D.

1. Give differential diagnosis and treatment of variola.
2. Give symptoms, diagnosis and treatment of appendicitis without surgical interference.
3. Give differential diagnosis between gastric ulcer, cancer of stomach and gastralgia, with treatment for gastralgia.
4. Give definition, symptoms and treatment of dysentery.
5. Define sapræmia, septicæmia and pyæmia. Differentiate and give causes.
6. Give symptoms and treatment, die-

tetic, hygienic and medicinal, of incipient pulmonary tuberculosis.

7. Diagnose, give causes and treatment of orchitis.

8. Diagnose and treat an acute catarhal salpingitis.

9. What is jaundice? Name various causes and give clinical significance.

10. Define, give causes, symptoms, and sequellæ of a simple endocarditis.

OBSTETRICS.

Daniel E. Osborne, M. D., Examiner.

1. Define the different stages of labor and the dangers incident to each stage.

2. Make a differential diagnosis of pregnancy in the fifth month.

3. Give the diagnostic points of L. O. P. by abdominal and vaginal examination, and describe the normal mechanism of labor in that position.

4. How should puerperal infection be (a) guarded against, (b) managed when present?

5. Mention the varieties of face presentation. State the prognosis and treatment of each variety.

6. Under what conditions does delivery by abdominal section become justifiable, and what is the technic of the operation?

7. Mention the varieties of hemorrhage that may affect (a) the pregnant woman, (b) the parturient woman, (c) the puerperal woman. Explain the cause and give the treatment of each variety.

8. How should neglected shoulder presentations be managed?

9. Called to a woman pregnant seven months, and finding albumin in the

urine, outline your subsequent conduct of the case.

10. Under what conditions may the induction of premature labor (child viable) be justifiable, and how should it be performed? Give the treatment for asphyxia neonatorum.

PHYSIOLOGY.

Ray Lyman Wilbur, M. D., April, 1903.

1. Describe briefly the regulation of the body-temperature.

2. Give the chemical reaction of the contents of the various portions of the alimentary canal, and tell to what these reactions are due.

3. In what form and where are the various constituents of cow's milk absorbed from the alimentary tract?

4. What are the known functions of the liver?

5. What are the chemical and physical differences between inspired and expired air?

6. What are the effects of exercise upon a normal muscle?

7. Describe the coagulation of the blood and tell to what it is due?

8. Describe briefly the capillary circulation.

9. What is the relation of the vagus nerves to the process of respiration.

10. What are the functions of the (a) suprarenal bodies? (b) the thyroid gland?

11. What changes in the feces would result from ligaturing off the pancreatic duct?

12. Describe the digestion of a piece of beef fat.

13. Describe the mechanism of accommodation in the eye.

14. How much lymph is there in the body and how is it formed?
15. Make a sketch of a typical pulse tracing, giving its parts and the cause of each.

Answer any ten questions.

CHEMISTRY EXAMINATON.

CHARLES L. TISDALE, M.D., Alameda, Cal. Examiner.
April, 1903.

1. What is the chemical difference between water and Hydrogen Peroxide?
2. Give a chemical antidote for arsenic.
3. Name a metallic salt of mercury possessing antiseptic properties.
4. Give a test for detecting Albumen in Urine.
5. What is Ptyalin, what office does it perform?
6. What is Formalin, state medicinal use?
7. What are the chemical differences between Carbon Dioxide and Carbon Monoxide?
8. What is the chemical name for Prussic Acid?
9. What are the antidotes for poisoning by the Alkaline Caustics?
10. What compound is formed where glycerin is added to Nitric Acid? Is it used in medicine? In what form?

MATERIA MEDICA AND THERAPEUTICS.

Ray Lyman Wilbur, M. D., April, 1903.

1. Give the technique of the preparation and injection of physiological salt solution.
2. Give in detail a diet list for a child of six years with gastro-intestinal catarrh. State time of feedings and quantity of each food to be taken.

3. How would you control a severe case of epistaxis?
4. Give in detail the treatment of ascites due to an uncompensated mitral regurgitation.
5. What is the physiological action of caffeine?
6. What is treatment of a chronic cystitis with alkaline urine?
7. What is the therapeutic value of amyl nitrite, and how may it be administered?
8. Write a prescription for constipation containing aloes, hyoscyamus, nux vomica and ipecac and state briefly the effect of each one upon the bowel.
9. Name the various diaphoretic drugs and measures that could be used in a case of uræmia.
10. What are the principal cardiac sedatives? Give their dosage.

PATHOLOGY.

1. Name conditions in which the microscopical examination of the blood may be of service.
2. Give causes and pathological description of subphrenic abscess.
3. Enumerate the causes of renal insufficiency.
4. Describe briefly the pathological findings in intestinal tuberculosis.
5. In what conditions, other than glycosuria, may Fehling's test be positive?
6. Give causes and location of strictures of the cesophagus.
7. Describe the progress of carcinoma beginning in the cervix uteri.
8. Describe in detail the mode of demonstrating the presence of the malarial parasite in the blood.

9. Examination of pathological specimens.
10. Examination of microscopical specimens.

PRACTICE.

David Powell, M. D., April, 1903.

Answer any ten questions, but no more.

1. Describe the initial lesion of syphilis.
2. Give most important points of distinction between chancre and chanroid.
3. (a) Mention in the order of their development the symptoms of the secondary stage of syphilis, and describe the early eruptions. (b) What would be your treatment during this stage?
4. Give etiology, symptoms, and treatment of erysipelas.
5. Name in the order of their relative gravity, the complications of typhoid fever and give treatment of most common gastro-intestinal complications.
6. (a) Give predisposing and exciting causes of neurasthenia.
(b) How would you treat it?
7. A woman, between 20 and 30 years of age—anaemic—history of prolonged dyspepsia with loss of weight—dull, gnawing, burning pain in epigastrium, usually increased by ingestion of food—circumscribed tenderness one or two inches below ensiform cartilage, or posteriorly to the left and on a level with the 10th to 12th dorsal vertebrae—no fever—nausea, acid eructations, and vomiting with excess of HCL—profuse hematemesis—what would be your diagnosis and treatment?
8. How would you determine the quantity of urea in urine, and state

significance of an increased excretion of ure.

9. (a) Give treatment for an overdose of strychnine.
(b) What would you consider a fatal dose?

10. How would you distinguish convulsions due to tetanus, from those of strychnine poisoning?

11. A young adult—complains of dyspnea and palpitation upon physical exertion or excitement—face pale—has a short, hacking cough, and expectoration of frothy (sometimes blood-stained) serum—marked broadening of area of cardiac dullness—a soft blowing, systolic murmur, maximum intensity at apex, transmitted through left axillary region, and posteriorly to angle of left scapula—decided accentuation of pulmonary 2nd sound—what would be your diagnosis, prognosis and treatment?

12. Give the diagnostic significance of coma.

13. Write a prescription for (a) tapeworm. (b) Gastralgia. (c) Stomatitis. (d) Tachycardia.

14. How would you manage a case of acute Bright's disease?

15. Write twenty lines on preventive medicine.

Rabies.

When finger wounds are extensive and parallel with the long axis of the finger, especially if the edges are much contused, it is better, I think, not to suture them at once. Swelling is almost always excessive, partly by reason of the generally imperfect asepsis maintained, partly from reaction. Either the stitches will cut out, tension aggravating the inflammation, or the tissues may be drawn so tightly as to choke the end of finger.

J. W. MARSEE.—*Inter. Jour. of Surgery.*

The National Association.

The next Annual Convention of the National Eclectic Medical Association will be held in Indianapolis June 9th, 10th and 11th, 1903. The eclectics of the Hoosier State are preparing to give us a grand reception and a good time is assured. In point of numbers, this meeting promises to exceed all former years, as we expect not less than a thousand good, live Eclectics to be present.

Arrangements have been made with the railways for one and one-third fare for the round trip, on the certificate plan. Special sleeping-cars will be attached to the Big Four train leaving Chicago from the Central Station at 8:30 p. m., June 8th, and arriving in Indianapolis at 3:30 a. m., June 9th. Sleepers will be cut off in the station, allowing us to remain in same until 7:30. Other trains via Big Four road leave Chicago at 9 a. m. and 1 p. m.

Delegates from Milwaukee, St. Paul, Minneapolis and all western and north-western points will find it to their advantage to procure tickets via the Chicago, Milwaukee and St. Paul road in connection with the tickets from Chicago to Indianapolis via Big Four road, as such ticket will include transfer in Chicago.

Be sure to get certificate receipt when purchasing your tickets, as this insures your returning at one-third fare.

Our headquarters at Indianapolis will be Hotel Claypool, corner Illinois and Washington streets, and the Corresponding Secretary will, on advice,

make arrangement for such accommodation as may be required.

N. A. GRAVES, M. D.,

Corresponding Secretary.

J. D. McCANN, M. D., President.

MEETING OF THE NEW ENGLAND ECLECTIC MEDICAL ASSOCIATION.

The New England Eclectic Medical Association will hold its ninth annual meeting, jointly with the Maine Eclectic Medical Society's thirty-eighth, at the New Falmouth Hotel, Portland, Me., May 26-7-8, 1903.

Officers:—President, Henry Reny, M. D., Phar. G., Biddeford, Me.; First Vice-President, Edwin Morgan Ripley, M. D., Unionville, Conn.; Second Vice-President, Alfred Horace Flower, M. D., Boston, Mass.; Third Vice-President, Thomas Mulligan, M. D., New Britain, Conn.; Secretary, Sylvina Apphia Abbott, M. D., Taunton, Mass.; Treasurer, Algernon Fossett, M. D., Portland, Me.; Librarian, Herschel Napoleon Waite, M. D., Johnson, Vt.
Censors:—Drs. Theophilus J. Batchelder, Alonzo D. Muchmore, John A. Donner, Frank W. Snell, Wilbur F. Templeton and Stephen B. Munn.

An excellent program has been arranged, and a good time is confidently expected.

SYLVINA A. ABBOTT, M. D., Sec.

From Medical News, New York.

Gude's Pepto-Mangan the Standard.

Iron preparations spring up like mushrooms in a night. The one backed by clinical evidence in hospital practice is the old stand-by, GUDE'S PEPTO-MANGAN, which is the standard of known worth and which gives positive results.

The Ladies' Auxiliary of the National Eclectic Medical Association extends to the wives, mothers, sisters and daughters of all members of the National Eclectic Medical Association an invitation to meet with them at Indianapolis June 9th, 10th and 11th (during the sessions of the National Eclectic Medical Association), and promises them a pleasant time.

An informal reception will be held at the headquarters of the Association on the evening of June 9th, and all ladies attending with members of that body will be welcome guests.

They will be greeted by members of the Ladies' Auxiliary, so none need feel themselves to be going among strangers.

Case fifth—"CHRONIC GASTRITIS."

Having satisfied myself of the signal utility of Glyco-Thymoline in the previous conditions outlined, determined me to test its efficacy in the operation of lavage. A few days ago a conductor on a street railway in St. Louis, came to my office complaining with chronic gastric disease. He had a foul, coated tongue, and said he always felt bloated after meals. I employed lavage, using sodium bicarbonate and Glyco-Thymoline, two tablespoonfuls of soda and six tablespoonfuls of Glyco-Thymoline to a quart of hot water. The patient experienced so much relief from this remedy that he returned unsolicited four days later and asked that I repeat the process, which I did. He sent me several other railroad men, and the results in each case were the same.

Sciatica and its Treatment.

Felt (Polyclinic) says that hypodermic injections of large doses of atropin into the limb affected with sciatica will often relieve where other methods have failed. The method he usually follows is to dissolve 1 gr. of atropin in 100 drops of water, and the dosage is then gauged by the number of drops. Great care must be taken in the dropping, and the dropper must always be held in a perpendicular position, for if this precaution is not taken it will be found that the drops will differ in size and the patient will either get too much or too little of the drug. Three drops is the initial dose, and the head symptoms of the atropin must be allowed to disappear before it is repeated. However, the second injection can be usually given in about 18 hours. These injections should be given at night, and the patient should be carefully watched. The number of cases that were treated by this method was 29, and of these 22 were permanently cured. In two, 2 doses of 3 drops were given; in 2 more, 3 doses of 3 drops; in 6, 3 doses of 5 drops; 5 had 4 doses, the first of 4 drops while the other 3 were 5 drops; 3 had 6 doses, the first 4 drops, the next 5 drops, and the remaining 4 were 6 drops; 2 received 7 doses, the first 2 were 5 drops, the other 5 were 6 drops; 1 required 9 doses, the last 4 of 9 drops each, the first of 3, the second 5, third 6, fourth 7, fifth 8, and to 1, 3 doses of 4 drops each were given. In all these cases the relief was permanent except one case, which in the first treatment re-



ceived 3 doses of 3 drops each, but after a second treatment the patient has been well for over 9 years, and this time it was the effect of 4 doses of 5 drops each. In the 7 that the treatment failed to do good, 5 stopped on account of the discomfort produced by the atropin, 1 claimed to have been cured by a clairvoyant after undergoing a number of injections, while in 1 it failed after 15 injections; in this case the sciatica was traumatic in origin.—*The Charlotte Med. Journal.*

PAIN AND ITS REMEDY.

BY J. D. ALBRIGHT, M. D., PHILA., PA.

Believing that the bar in the way of the profession, in the use of opium, is its tendency to evil after effects, and the idea that a little opium will induce the habit, I wish to call their attention to a preparation that I have long been using, and have not yet seen one case in which the habit was formed, nor ever had any complaint as to evil after effects. This remedy is papine, a preparation of opium from which the narcotic and convulsive elements have been removed, rendering it a safe remedy for children, as well as for those of mature age. Up to a year ago I always gave chlorodyne tablets and viburnum for after-pains. Then I came across a case that refused to yield to them, and I concluded to try papine. Its results were such that I now never give anything else for after-pains, and they yield in about half the time that was required with the above-named remedies.—*Medical Summary.*

The Microscope in the Operating Room.

In a recent number of the *Post-Graduate* we note an article by Dr. Geo. M. Edebohls, attesting to the usefulness of the microscope in the operating room while certain surgical procedures are taking place. Its introduction within the surgeon's theatre might by some be considered as an unnecessary bit of refinement. Yet to those who thoroughly appreciate the importance of modern scientific methods such an opinion lacks cogency. If it is possible in the midst of an operation to determine the benign nature of a tumor or its malignancy; if we can by the aid of the microscope decide upon the advisability of the removal of an important organ, such as a kidney; or if we can be guided by a rapid examination of the contents of cysts or other fluid tumors, then indeed a distinct place in every operating room belongs to this instrument. We no longer need search for proof that all these things have been and are currently being done, for all who have access to the larger surgical services of our great cities have often seen the pathologist rendering prompt and effective aid to the surgeon. The fact that under many circumstances we may find ourselves unable to avail ourselves of this help by no means detracts from its value in the cases in which all the facilities are at hand. A host of operations, of course, will never necessitate the immediate recourse to a microscope which will prove of service in many others. But in the same way the instrument case of the operating room

contains many tools that are seldom used, although at times indispensable, and the surgeon is very likely to know beforehand the class of cases in which the pathologist's immediate aid may have to be sought.—*International Journal of Surgery.*

Sanmetto in Frequent Incontinence in the Aged, in Enuresis Nocturna in Children and in Pre-Senility.

I have had good results from the use of Sanmetto in nocturnal enuresis of children; also have prescribed it in cases of frequent micturition in old people, with marked benefit; also find it beneficial in pre-senility. I think it is a good medicine in all cases where anything of its nature is indicated.

S. W. BADGER, M. D., Athens, Pa.

After having used Pepto-Mangan (Gude) in many cases of anæmia, chlorosis and irregular menstruation I feel convinced that your preparation is one of the best ever prescribed by me in such conditions. It is worthy of high commendation, and I prescribe it very frequently. DR. SCHWARZKOPF.

Pilsen, Bohemia, August 19, 1901.

"I have been prescribing Hagee's Cordial of Cod Liver Oil Compound for years with very satisfactory results in many diseases where reconstructives and nutritives are indicated, as well as incipient phthisis and obscure diseases. On account of its palatability patients will take it quantities and long enough to secure results."

G. W. BUCHANAN, M. D.,
Richmond, Mo.

The Ultra Violet Rays.

The new Violet Ray apparatus manufactured by Swett & Lewis Co., 657C, produces the ultra violet rays in great abundance, but with little or no heat, and is, at the same time, easy to operate and uses so little electricity as to be attachable to any electric light socket.

The whole outfit only weighs forty pounds, and is packed for easy transportation in a handsome mahogany box. A transformer receives the current from the lamp socket, changes it to a higher voltage and charges a condenser. When the current leaves the condenser and enters the violet ray lamp it is of the high tension, high frequency variety.

The lamp itself is a diminutive arc lamp protected by a nickel cover with a crystal lens, and has iron electrodes instead of carbon. These iron electrodes are the source of the true ultra violet ray. Very little heat is generated and no water connections are necessary.

The cost of operating is six to eight cents an hour. The lamp runs almost without noise, and as few light rays are given off, the uninitiated might suppose that no results were being obtained. The rays are in fact, however, very powerful, though invisible to the eye. If the bare skin is exposed to them for more than a few minutes an intense erythema will be produced. If the rays are allowed to strike a tungstite of calcium screen, the screen will fluoresce brilliantly. A common incandescent lamp will also fluoresce a brilliant blue. Both of these experiments

must be made in a darkened room. Glass is entirely opaque to these rays.

In fact, this apparatus, which costs only \$100, is compact, certain and reliable in its action, powerful, easily operated and of wonderful efficiency in the cure of various diseases of flesh tissue, such as cancerous growths of all kinds.

MERIT AND RELIABILITY WITH CONSEQUENT SUCCESS.

We are advised that our old friend, "The Antikamnia Chemical Company," for many years located at No. 1723, Olive St., St. Louis, Mo., has moved into its new home, Nos. 1622-1624-1626 Pine St., in said city. The new laboratory is fully equipped with all the latest chemical appliances and machinery, which afford increased and needed capacity for the manufacture of the well known and reliable Antikamnia preparations. The Company's sales during 1902 were the largest in the history of their business, and that the demand for their products is constantly growing, is demonstrated by the fact that the first three months of this year show a pronounced increase of sales, over those of the corresponding months of last year. In fact, it is the growth of the business which necessitated the removal into larger quarters, where the Company has 75% more space than in its old plant. The steadily growing esteem in which the Antikamnia Chemical Company's products are held by the medical profession throughout the world, is due to the well known merits of the original Antikamnia Tablets and Powder, as well as to the undoubted

remedial efficacy and pharmaceutical excellence of the new combination tablets which this Company has, from time to time, added to its line of specialties.

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In those poor victims of a pernicious "pepsin habit," where the stomach instead of being encouraged to do its normal work, has been allowed to become a lazy inactive member while an artificial digestant did the work, I find Seng a boon. Step by step it seems to lead the faltering gastric functions, until before the patient is aware of it, he loses the unhappy knowledge that he has a gastric apparatus. In sub-acute or chronic digestive disturbances, I know of nothing which equals it.

WILL A. MCKENZIE, M. D., St. Louis.

The deepest cut sometimes made by a surgeon is with his tongue, for he who cuts with scalpel is amenable to the laws of cure, but he who indiscreetly talks, cuts more deeply than does the sharpest catlin.

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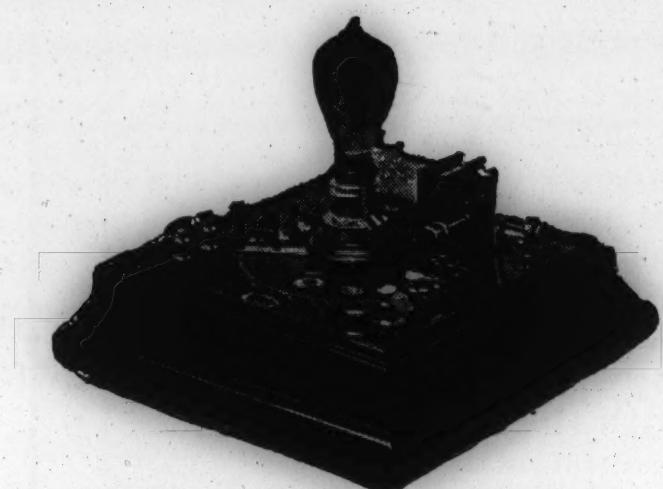
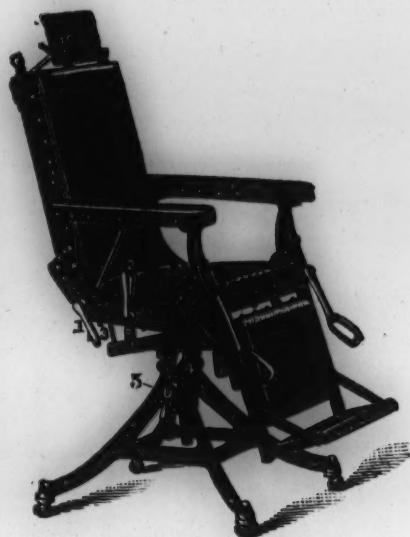
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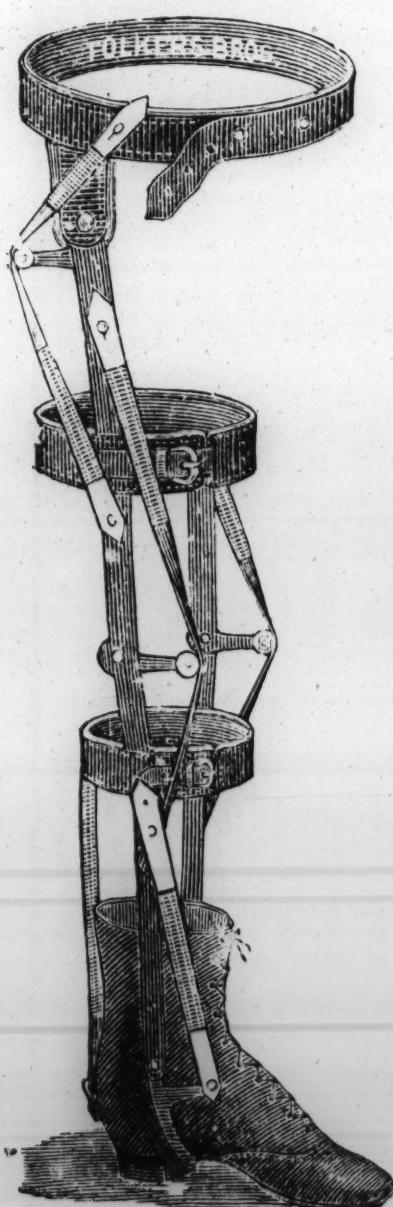
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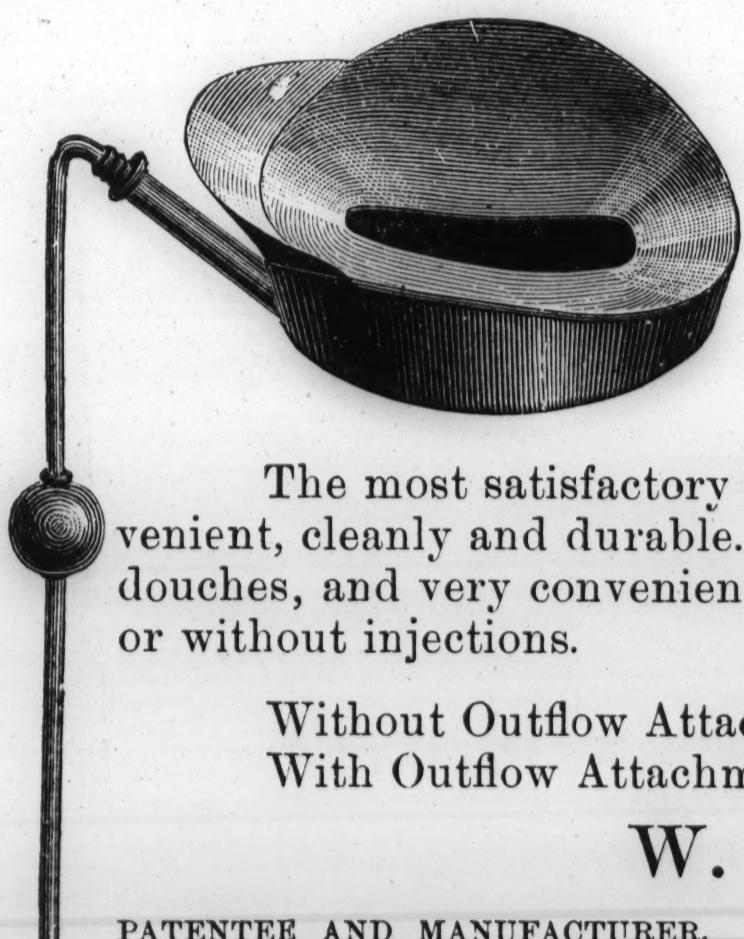
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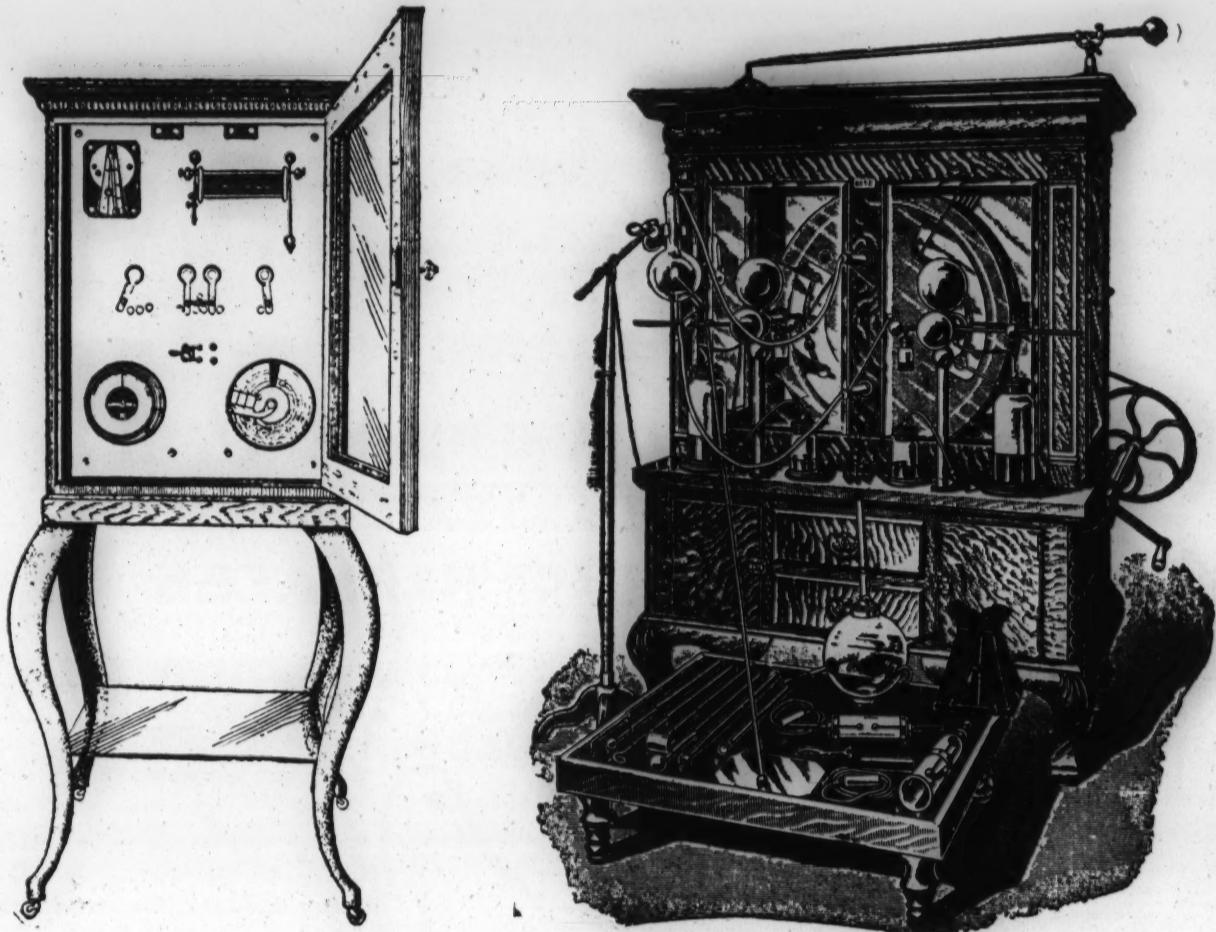
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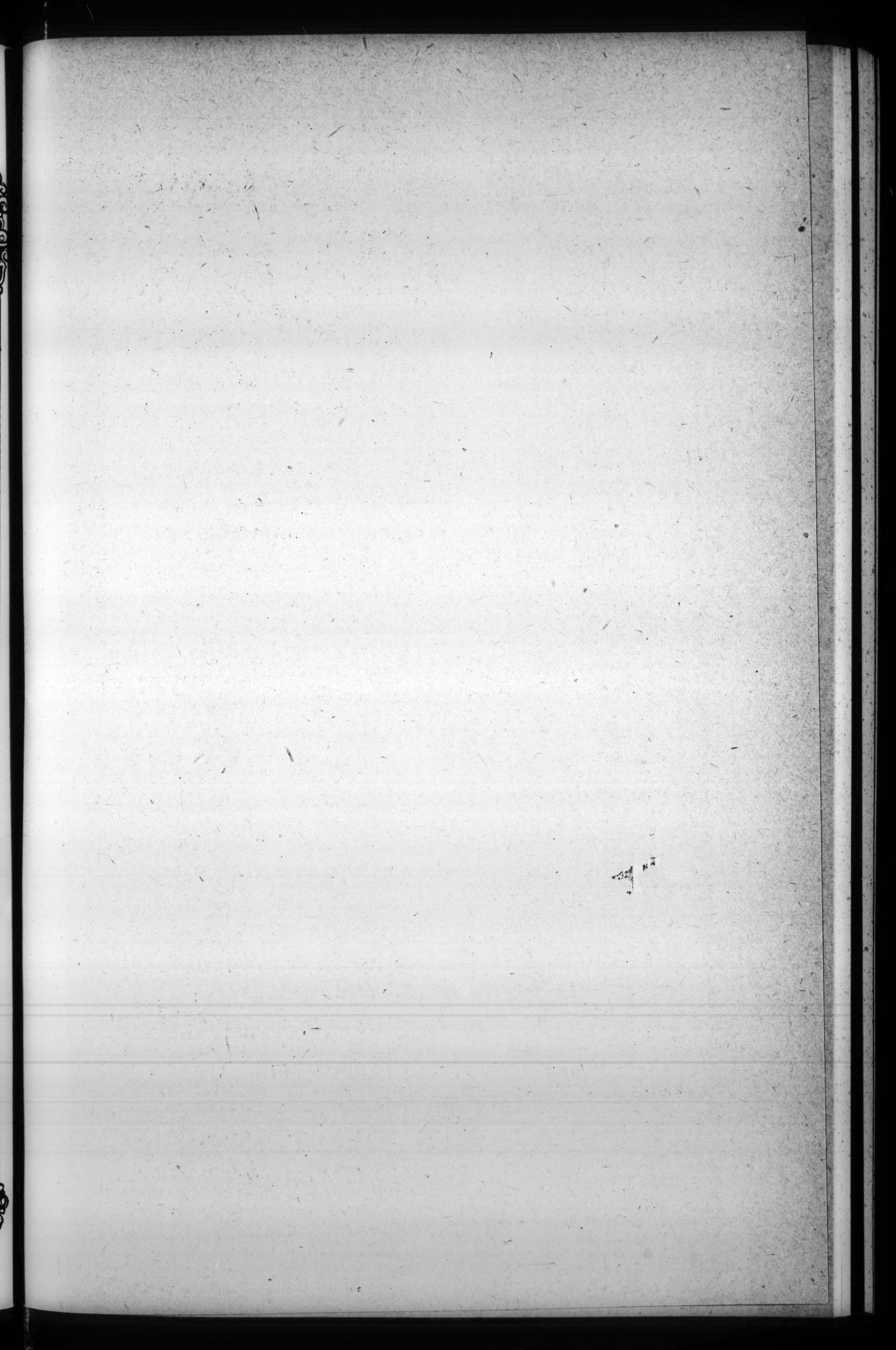
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